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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name P9400007730 (2)

SUWANNEE VALLEY CANCER CENTER, P.A.				1 18 11 18 18 18 18 18 18 18 18 18 18 18	Istil Banka 188kil 80kili addun (188k) kogan dunin addi ebah
Principal Place	of Business	Mailing Address			
P OBOX 31 LAKE CITY US	17	P OBOX 3117 LAKE CITY FL 32056 US			
				<ol> <li>Date Incorporated or Qual 02/01/1994</li> </ol>	fied 3a. Date of Last Report 08/22/1995
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
1 Suwa	nnee Valley Conce	rcealer feet		59-3251720	Not Applicable
2 370	1 Highway 47 Sou	14L 27 P. O B	0× 3117	5. Certificate of Status Desire	60.75
City & State	<b>-</b> . <b>-</b> .	City & State	i el	6. Election Campaign Financi	Ψυ.υυ may be
Ziρ	1 Country	Zip	Country	Trust Fund Contribution	Added to Fees
4 32029	5 25 USA	29 32054-3117			y for intangible tax under s 199.032, Yes □ No
	g. Name and Address of Curre	nt Registered Agent		10. Name and Address of N	
			81 Name		
	ENTICE-HALL CORPORATION (	System, Inc.	82 Street	Address (P.O. Box Number is Not Acce	out to be by
1201 H			July Street /	Address (F.O. Dex Northberts Not Mock	eptanie)
SUITE 1			63		
TALLAH	ASSEE FL 32301		84 City		
44 0					FL 85 Zip Code
or register	o the provisions of Sections 607.050; ed agent, or both, in the State of Flor h, and accept the obligations of, Sec	2 and 607.1508, Florida Statute da. Such change was authoriza tion 607.0505, Florida Statutos	es, the above-named co ed by the corporation's l	orporation submits this statement for the board of directors. Thereby accept the	e purpose of changing its registered offic appointment as registered agent. I am
rammar wit	in and become the obligations of des	wan oo roows, nonga siatales			
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 15 96 (904) 758 7822